

Chapter 86, P.L. 2004

(Approved July 7, 2004)

[First Reprint]

ASSEMBLY, No. 2261

**STATE OF NEW
JERSEY**

211th LEGISLATURE

INTRODUCED FEBRUARY 9, 2004

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Assemblymen Steele, Eagler, Van Drew, Gordon,

Assemblywoman Previte, Assemblymen Connors,

Hackett, S.Kean, McKeon, Rumpf, Senators

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**Karcher, Codey, Sarlo, Buono, Madden, Vitale,
Coniglio and McNamara**

SYNOPSIS

Requires insurers and SHBP to cover mammograms for women under 40 under certain circumstances.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on June 7, 2004, with amendments.

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Senate SHH committee amendments adopted June 7, 2004.

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(Sponsorship Updated As Of: 6/18/2004)

AN ACT concerning health benefits coverage for ¹[mammograms] mammography and treatment of breast cancer¹, amending P.L.1991, c.279, and supplementing P.L.1992, c.161 (C.17B:27A-2 et seq.), P.L.1992, c.162 (C.17B:27A-17 et seq.) and P.L.1961, c.49 (C.52:14-17.25 et seq.).

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. Section 1 of P.L.1991, c.279 (C.17:48-6g) is amended to read as follows:

1. ¹[a.]¹ No group or individual hospital service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State¹[,]¹ or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance¹,¹ on or after the effective date of this act, unless the contract provides benefits to any subscriber or other person covered thereunder for expenses incurred in conducting: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ These benefits shall be provided to the same extent as for any

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other sickness under the contract.

¹[c.]¹ The provisions of this section shall apply to all ¹[hospital service corporation]¹ contracts in which the hospital service corporation has reserved the right to change the premium.

(cf: P.L.1999, c.341, s.1)

2. Section 2 of P.L.1991, c.279 (C.17:48A-7f) is amended to read as follows:

2. ¹[a.]¹ No group or individual medical service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State¹[,]¹ or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance¹,¹ on or after the effective date of this act, unless the contract provides benefits to any subscriber or other person covered thereunder for expenses incurred in conducting: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] ¹a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ These benefits shall be provided to the same extent as for any other sickness under the contract.

¹[c.]¹ The provisions of this section shall apply to all ¹[medical service corporation]¹ contracts in which the medical service corporation has reserved the right to change the premium.

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(cf: P.L.1999, c.341, s.2)

3. Section 3 of P.L.1991, c.279 (C.17:48E-35.4) is amended to read as follows:

3. ¹[a.]¹ No group or individual health service corporation contract providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State¹[,]¹ or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance¹¹ on or after the effective date of this act, unless the contract provides benefits to any subscriber or other person covered thereunder for expenses incurred in conducting: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] ¹a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ These benefits shall be provided to the same extent as for any other sickness under the contract.

¹[c.]¹ The provisions of this section shall apply to all ¹[health service corporation]¹ contracts in which the health service corporation has reserved the right to change the premium.

(cf: P.L.1999, c.341, s.3)

4. Section 4 of P.L.1991, c.279 (C.17B:26-2.1e) is amended to read as follows:

4. ¹[a.]¹ No individual health insurance policy providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State¹[,]¹ or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance¹¹ on or after the effective date of this act, unless the policy provides benefits to any named insured or

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other person covered thereunder for expenses incurred in conducting:
¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ These benefits shall be provided to the same extent as for any other sickness under the policy.

¹[c.]¹ The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

(cf: P.L.1999, c.341, s.4)

5. Section 5 of P.L.1991, c.279 (C.17B:27-46.1f) is amended to read as follows:

5. ¹[a.]¹ No group health insurance policy providing hospital or medical expense benefits shall be delivered, issued, executed or renewed in this State¹ [,]¹ or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance¹,¹ on or after the effective date of this act, unless the policy provides benefits to any named insured or other person covered thereunder for expenses incurred in conducting:
¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at

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such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ These benefits shall be provided to the same extent as for any other sickness under the policy.

¹[c.]¹ The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

(cf: P.L.1999, c.341, s.5)

6. Section 6 of P.L.1991, c.279 (C.26:2J-4.4) is amended to read as follows:

6. ¹[a.]¹ Notwithstanding any provision of law to the contrary, a certificate of authority to establish and operate a health maintenance organization in this State shall not be issued or continued by the Commissioner of Health and Senior Services on or after the effective date of this act unless the health maintenance organization provides health care services to any enrollee for the conduct of: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] ^a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ These health care services shall be provided to the same extent as for any other sickness under the enrollee agreement.

¹[c.]¹ The provisions of this section shall apply to all enrollee agreements in which the health maintenance organization has reserved the right to change the schedule of charges.

(cf: P.L.1999, c.341, s.6)

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7. (New section) ¹[a.] ¹ Every individual health benefits plan that is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide benefits to any woman covered thereunder for expenses incurred in conducting: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;] ¹one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] ¹a ¹mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.] ¹ The benefits shall be provided to the same extent as for any other medical condition under the health benefits plan.

¹[c.] ¹ The provisions of this section shall apply to all health benefit plans in which the carrier has reserved the right to change the premium.

8. (New section) ¹[a.] ¹ Every small employer health benefits plan that is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal in this State, on or after the effective date of this act, shall provide benefits to any woman covered thereunder for expenses incurred in conducting: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;] ¹one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] ¹a ¹mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram

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examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ The benefits shall be provided to the same extent as for any other medical condition under the health benefits plan.

¹[c.]¹ The provisions of this section shall apply to all health benefit plans in which the carrier has reserved the right to change the premium.

9. (New section) ¹[a.]¹ The State Health Benefits Commission shall provide benefits to each person covered under the State Health Benefits Program for expenses incurred in conducting: ¹[an annual mammogram examination for women under 40 years of age with a family history of breast cancer or other breast cancer risk factors, beginning at that age deemed medically necessary by the woman's physician;]¹ one baseline mammogram examination for women who are at least 35 but less than 40 years of age; ¹[and one] ^a¹ mammogram examination every year for women age 40 and over¹; and, in the case of a woman who is under 40 years of age and has a family history of breast cancer or other breast cancer risk factors, a mammogram examination at such age and intervals as deemed medically necessary by the woman's health care provider¹.

¹[b.]¹ The benefits shall be provided to the same extent as for any other medical condition under the contract.

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10. This act shall take effect on the 90th day after enactment and shall apply to all contracts and policies that are delivered, issued, executed or renewed or approved for issuance or renewal in this State on or after the effective date.